

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90078 007 \*\*\*150.00

DOCUMENT # **G27053**

1. Entity Name  
**SOFT-TOUCH CAR WASH, INC.**  
**4908 W. Colonial Drive**  
**Orlando FL 32808**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>4908 W. Colonial DR.</b>		Suite, Apt. #, etc. <b>4908 W. Colonial DR.</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32808</b>	Country <b>USA</b>	Zip <b>32808</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2252210</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Sherman Williams</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2707 Forest Club Drive</b>	
City <b>Plant City</b>	FL Zip Code <b>33567</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE <b>President</b>	NAME <b>Sherman Williams</b>
STREET ADDRESS <b>2707 Forest Club DR</b>	
CITY - ST - ZIP <b>Plant City FL 33567</b>	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other life empowered.

SIGNATURE: **[Signature]** **2/23/02** **407-299-6281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)